

Claim Status: **Authorized**

<Out-Patient FOB>

Claim Ref: **C0001379839/1**

Provider Name : **Al Dawaa Medical Services Co**  
Insurance Co : **Allianz Saudi Fransi Cooperative Insurance Co**  
TPA Name : **SAUDI NEXtCARE**  
Date of visit : **31/Dec/2019** Plan Type: **Out-Patient**  
**Patient file No:**  
**Dept:**

**Allianz Saudi Fransi Cooperative Insurance**

Policy: **AL GHADEER GROUP**  
Policy #: **MDN/41608**  
Member: **Fadakh Saleh Hassan Ali Al Eissa** DOB: **Apr/2001**  
Card #: **6FF9-7B69-840C-E286** PIN:  
Gender: **Female Single** Iqama #: **1114111378**  
Network: **MPN(20%Max75SAR** Class: **Class C2**  
**)**  
**OCN(20%Max100SA**  
Ded: **Green Ltd.2**

Valid Until:

**Diagnosis Description:** G44.1 Vascular headache, not elsewhere classified\*

**Claim motive:** Physical Illness/to be specified under assessment/to be specified under assessment

**Chronic** No **Emergency** No

**BP** **Pulse** 0 **Temp** 0 **Resp.Rate** 0 **Onset Date**

**Chief Complaint & Main Symptoms**

**Requested Services**

Code	Service Description	Quantity Claimed	Quantity Approved
55-276-99	IMIGRAN 50 mg 2 Tablet	5.0	5.0

**Authorization Note**

Approved for one box each medication as per agreement. due to contract expiration date

**SNC Officer:**

**Date: 16/Jan/2020**

<b>SNC Comment:</b>	Approved for 5 boxes of medication (Imigrane) as per agreement, subject to technical evaluation.	05 Jan 2020, 12:41:41 PM
<b>SNC Comment:</b>	Approved for one box each medication as per agreement. due to contract expiration date	31 Dec 2019, 03:56:44 PM
<b>SNC Comment:</b>	Service approval request for Member # 6FF97B69840CE286 is under processing for approval.	31 Dec 2019, 03:52:40 PM

**Important:**

1. SAUDINEXtCARE will only approve medical charges directly and strictly to the case registered above. the final bill shall remain subject to billing rules, and to our auditing doctors' approval.
2. SAUDINEXtCARE hereby clearly reserves the right to decline any claim settlement due to misuse, abuse or tentative of fraud related either to the entry of the aforementioned information or to its trueness.
3. Copy of this authorization letter should be attached to the claim on time of claim submission for payment.
4. This Form is subject to the terms, conditions and procedures of the contract signed with SAUDINEXtCARE
5. If you have any questions or require further information please contact our Call Center 24 hours a day/7 days a week on tel. +966 920003055 or fax on +966 138988940.